


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 600401 1. Entity Name ANTHONY A. FERNANDEZ, M.D., P.A.	
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Principal Place of Business 4600 N HABANA AVE STE 16 TAMPA, FL 33614	Mailing Address 4600 N HABANA AVE STE 16 TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1217914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ANTHONY A.
4600 NORTH HABANA AVENUE
SUITE 16
TAMPA, FL

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000308547 04/16/05-80001-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FERNANDEZ, ANTHONY A. 4600 N. HABANA AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ECHEVARRIA, EMILIO D. 4600 N HAVANA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, GERALD H. 4600 N HABANA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other individuals empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY A. FERNANDEZ, M.D.

Date: 4/14/05 1-813-
Daytime Phone # 876-0502